

KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL & DRUG COUNSELORS

PO BOX 1360
FRANKFORT KY 40602
502-564-3296, EXT 226

RENEWAL APPLICATION

License Number:
Social Security Number:

Your Certification as an Alcohol & Drug Counselor expires on «Expire_Dt». In accordance with KRS 309.085 and regulations governing this profession, you are required to renew your certification every three (3) years. Please return this completed form with the renewal fee of \$200.00 by check or money order made payable to the **Kentucky State Treasurer**. The Board shall cancel any certification not renewed within ninety (90) days after the renewal date and you must **Cease and Desist** the use of the title Certified Alcohol and Drug Counselor in Kentucky and will require reinstatement. No exceptions shall be made.

PLEASE COMPLETE THE FOLLOWING:

Complete # 1 only if your mailing address is different from above:

1. _____
Name

Street Address

City State Zip
2. _____
Present Place of Employment

Street Address

City State Zip
3. () _____ () _____
Home telephone # Business telephone # E-mail address
4. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. () No () Yes
If yes, list offense and provide details on a separate sheet of paper.
5. Have you been subject to disciplinary action by a mental health credentialing board? () No () Yes
If yes, give details on a separate sheet of paper.
6. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: _____

AFFIDAVIT

I, the certificate holder, named in the above, do certify under penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action by the Board of Certification of Alcohol and Drug Counselors.

I have completed _____ hours of continuing education in the past three years. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Certificate Holder's Signature: _____ Date: _____
(Sign your name – Do not print or type)